



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

November 21, 2006

Blake Crockett, Administrator
Warren House
1301 Bennett St
Burley, ID 83318

FILE COPY

License #: RC-579

Dear Mr. Crockett:

On October 6, 2006, a state licensure survey was conducted at Warren House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Rae Jean McPhillips, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

RAE JEAN MCPHILLIPS, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

RM/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

October 19, 2006

Blake Crockett, Administrator
Warren House
1301 Bennett St
Burley, ID 83318

Dear Mr. Crockett:

On October 6, 2006, a state licensure survey was conducted at Warren House. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 6, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R579	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2006
NAME OF PROVIDER OR SUPPLIER WARREN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 BENNETT ST BURLEY, ID 83318		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health survey conducted on October 6, 2006. The surveyors conducting the standard health survey were:</p> <p>Rae Jean McPhillips, RN, BSN Team Coordinator Health Facility Surveyor</p> <p>Polly Watt-Geier, LMSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

4SUR11

If continuation sheet 1 of 1



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <u>Warren House</u>	Physical Address <u>1301 Bennett St</u>	Phone Number <u>677-8212</u>
Administrator <u>Blake Crockett</u>	City <u>Burley</u>	ZIP Code <u>83318</u>
Survey Team Leader <u>Rae Jean McPhillips</u>	Survey Type <u>Standard</u>	Survey Date <u>10/6/06</u>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	300.01	The Facility's nurse did not delegate nursing functions to unlicensed staff		
2	310.01F	Staff did not observe each resident taking medication		
3	350.02	The Facility did not investigate or prepare a written report for incidents or accidents		
4	450	The Facility's dishwasher does not reach an adequate temperature to ensure sterilization of dishes		
5	711.07	There were no care plans from outside agencies	COE 10/6/06	
6	711.08	There were no care notes from outside agencies	COE 11/14/06	

Response Required Date <u>11/16/06</u>	Signature of Facility Representative <u>[Signature]</u>	Date Signed <u>10-6-06</u>
---	--	-------------------------------